



**ENVIRONMENTAL AND PUBLIC PROTECTION CABINET  
DEPARTMENT OF HOUSING, BUILDINGS AND CONSTRUCTION  
KENTUCKY BUILDING CODE INSPECTORS CERTIFICATION PROGRAM**

**CONTINUING EDUCATION APPROVAL REQUEST FORM**

Must be completed and submitted by certified inspector or organization requesting approval of non-department designated training for continuing education purposes. This request must be submitted no sooner than 30 days from the date the instruction program is scheduled to begin. Attach additional sheets as needed or requested.

**PLEASE TYPE OR PRINT.**

CERTIFIED INSPECTOR NAME SUBMITTING REQUEST: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

DAYTIME PHONE NUMBER: \_\_\_\_\_

TRAINING SPONSOR: \_\_\_\_\_

TRAINING TITLE: \_\_\_\_\_

DATE AND TIME OF TRAINING PROGRAM: \_\_\_\_\_

PURPOSE & BENEFITS OF THIS TRAINING: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

EDUCATIONAL TRAINING HOURS REQUESTED: \_\_\_\_\_

INSTRUCTOR NAME: \_\_\_\_\_

BASIS FOR INSTRUCTOR SELECTION: \_\_\_\_\_

\_\_\_\_\_  
METHOD OF VERIFYING ATTENDANCE: \_\_\_\_\_

**\*ACCOMPANING THIS APPLICATION SHALL BE A COURSE SYLLABUS PROVIDING A DETAILED OUTLINE AND WRITTEN DESCRIPTION OF THE CLASS MATERIAL AND EDUCATIONAL CONTENT.**

Return completed form and any attachments to: Kentucky Building Code Inspectors Certification Program, Office of Housing, Buildings, and Construction, 101 Sea Hero Road, Suite 100, Frankfort, Kentucky 40601-5405.

